**DIVISION: HS** 

AF BRAC I/II/III

**KELLY AIR FORCE BASE** 

TX2571724333

TX

ACTIVITY: HST --- Final Report (Health Data Review)

DOC RELEASE: Pre Draft

SCHEDULED START: Oct-01-2002

SCHEDULED COMPLETION: Sep-30-2006

ACTUAL COMPLETION:

Consultation and final report for Kelly AFB

ATSDR, DHS (Alden Henderson) is assisting San Antonio Metro Health as a consultant.

## **AF DERA**

## TINKER AIR FORCE BASE (SOLDIER CREEK/BUI

OK1571724391

OK

ACTIVITY: MAT --- Scientific

SCHEDULED START: Oct-01-2002

SCHEDULED COMPLETION: Sep-30-2003

ACTUAL COMPLETION: Sep-30-2003

A DHS employee participated in writing an article in the Journal of Children's Health.

During the second and third quarter of FY 2003 a Division of Health Studies employee participated in writing an article for the Journal of Children's Health. This article has been accepted for publication in the fourth quarter.

**ARMY BRAC** 

## **COLONIE INTERIM STORAGE SITE**

NY0890137854

NY

ACTIVITY: HCW --- Other

SCHEDULED START: Jan-01-2004

SCHEDULED COMPLETION: Sep-30-2004

ACTUAL COMPLETION: Sep-30-2004

Responding to comments from public release.

The Division of Health Studies assisted with the development of a health consultation and fact sheet.

| NAVY DERA                           |              |    |
|-------------------------------------|--------------|----|
| CAMP LEJEUNE MILITARY RES. (USNAVY) | NC6170022580 | NC |

## ACTIVITY: HST --- Protocol (Protocol Development)

SCHEDULED START: Oct-01-2002 SCHEDULED COMPLETION: Sep-30-2006 ACTUAL COMPLETION:

Childhood Leukemia and Birth Defects

Camp Lejeune 2nd Quarter Report/FY 2006 (January, February, March)

- 1.ATSDR held the first community assistance panel (CAP) meeting on February 1, 2006 at 1825 Century Center, Room 1A/1B in Atlanta. The meeting participants included the following community members:
- 1.Terry Dyer
- 2.Dave Martin
- 3.Denita McCall
- 4.Jeff Byron
- 5.Jerry Ensminger
- 6.Tom Townsend (participate by phone)
- 7. Sandra Bridges

Two independent scientific experts, Jeffrey Fisher PhD, Professor and Department Head of Environmental Health Science at the University of Georgia and Richard Clapp, ScD, MPH, Professor of Environmental Health at Boston University also participated with the CAP.

- 2.The CAP requested DOD participation on the CAP. DOD has identified Christopher Rennix of the Naval Environmental Health Center to participate with the CAP. In addition, depending on the agenda topics for a particular meeting, they may include additional representation.
- 3.The next CAP meeting is scheduled for April 20, 2006 at 1825 Century Center, Room 1A/1B in Atlanta. An announcement for the next meeting and a transcript of the Feb. 2006 meeting is scheduled to be posted on the ATSDR Camp Lejeune website at the end of March. The meeting will be open to the public. Additionally, the meeting can be viewed in real time through streaming video on the ATSDR Camp Lejeune website.
- 4.The Feb. 2005 expert panel recommended that ATSDR identify cohorts with potential exposure, including adults who lived on base; adults who resided off base, but worked on base (civilian and military); and children who lived on base. In response, ATSDR began to explore available databases such as the Career History Archival Medical and Personnel System (CHAMPS) data and the Defense Manpower Data Center (DMDC) data to identify Marines and their dependents who lived at Camp Lejeune at anytime during the period of interest (i.e., when the drinking water systems were contaminated, from about 1960 until the end of February 1985).

ATSDR is planning to submit to DOD a proposal for a feasibility assessment of identifying cohorts.

5.As of March 7, 2006, the status of the reported cases (by case type) is as follows:

- •NTDs (consisting of anencephaly and spina bifida):
- o17 confirmed as having NTDs; 12 confirmed as not having NTDs; 2 were ineligible; 2 refused to participate; and 2 are still pending confirmation.
- •Oral clefts (consisting of cleft lip and/or cleft palate):
- o24 confirmed as having oral clefts; 11 confirmed as not having oral cleft defects; 3 refused to participate; and 4 are still pending confirmation.
- •Childhood hematopoietic cancers (consisting of childhood leukemias and non-Hodgkin's lymphoma):
- o16 confirmed as hematopoietic cancers; 6 confirmed as not having hematopoietic cancers; 3 were ineligible; 2 refused to participate; and 2 are still pending confirmation.
- o We are attempting to confirm one pending leukemia case by having a Sr. Clinical Research Coordinator at the Winship Cancer Institute of Emory University conduct an extensive medical records search.

(The survey identified the following 106 reported cases of selected birth defects and cancers: 35 neural tube defects (NTDs), 42 oral cleft defects, and 29 childhood hematopoietic cancers.)